

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **1061378**  
APPLICANT(S)

FILING DATE **11-29-07**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
10		/					60								
11		/					61								
12		/					62								
13	/						63								
14		/					64								
15		/					65								
16		/					66								
17		/					67								
18		/					68								
19	/						69								
20		/					70								
21		/					71								
22		/					72								
23		/					73								
24		/					74								
25		/					75								
26		/					76								
27		/					77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	34						TOTAL DEP.								
TOTAL CLAIMS	37						TOTAL CLAIMS								